

# 2010 City of Torrington Health Benefits with Meritain

## Effective: January 1, 2010

Deductible:	Single:	\$900.00	Off System:	\$1,250.00
	Family:	\$1,500.00	Off System:	\$1,750.00
Maximum Out of Pocket Expense	Single	\$2,000.00		
	Family:	\$3,000.00		

### Definitions:

<b>CIGNA/GW:</b>	Our network provider which provides discounts for services we receive.
<b>Non PPO:</b>	Providers you may choose who do not participate in CIGNA/ Greatwest network of care providers, they will be paid at 70/30 of usual and customary charges.
<b>Meritain Health:</b>	Our claim processor process our claims for CIGNA and pay our service providers, as well as send you your explanation of benefits. Meritain has an excellent web site which is meritain.com. You can set up your families account as this is all password protected. Their mailing is still 400 Hwy 169 South, Suite 800 Minneapolis, MN. (Phone numbers, address, and information needed to register at meritain.com are on the back of your insurance card.
<b>RCI:</b>	Regional Care Inc. is a <i>Flex</i> provider for Cafeteria service to allow you to seek a savings of 22.65% on your day care and fix medical, dental and vision costs. Flexible spending accounts have to be used within the calendar year, but allows you to plan for covering deductibles and other necessary items paying through out the year. Contact City Hall and we will get an enrollment package from RCI.
<b>UCR:</b>	Usual customary and reasonable a price established for each area of the country.

### PLAN COVERAGE:

VISION BENEFITS		
<b>Examination</b> —Maximum Benefit per 12 Month Period	100%	1 Exam
<b>Optomap Examination</b> —Maximum Benefit every 24 Month Period	100%	1 Exam
<b>Lenses and Frames</b> —Maximum Benefit per 12 Month Period	100%	1 pair of glasses up to \$250
<b>Contacts</b> (per pair—may be in addition to glasses)	100%	
First Time Fitting	\$250	
Subsequent Fittings	\$150	
<b>*NOTE:</b> Disposable contacts will be payable up to the maximum benefit for contacts, but will not be subject to the “one pair of lenses” maximum.		
MEDICAL ACCIDENTS		
Treated within 48 hours	100% up to \$500.00	
CIGNA/Greatwest	80/20 of UCR	
Non PPO	70/30 of UCR	
WELLNESS		
File at City Hall	Sandy, Lynn or Pam	
Allows for:	Screenings, Tests, Labor, X-ray, Immunizations, Physicals or other	
	Preventative care.	
	Vision Exam, Message Therapy or Chiropractic.	
Yearly Limit:		
Adult (Over 18 years old)	\$500.00	
Child (Under 18 years old)	\$300.00	

SCHEDULE OF MEDICAL BENEFITS		
	PPO PROVIDERS	NON-PPO PROVIDERS (Subject of Usual & Customary Charges)
Overall Lifetime Maximum Benefit	\$1,000,000	
Calendar Year Deductible		
(Combined with Dental Deductible)		
<b>Active Employees</b>		
Individual	\$1,000	\$1,250
Family	\$1,600	\$2,000
<b>Retirees</b>		
Individual	\$1,100	\$1,350
Family	\$1,600	\$2,000
<b>CALENDAR OUT-OF-POCKET LIMIT</b>		
(Does not include Deductibles)		
Individual	\$2,000	\$2,000
Family	\$3,000	\$3,000
NOTE: Expenses incurred for the following cannot be applied toward the Out-of-Pocket Limit: (1) Co-pays; (2) Deductibles; (3) any penalty amounts; and (4) any charges as defined in the <b>General Exclusions and Limitations</b> section.		
<b>CHIROPRACTIC CARE &amp; THERAPEUTIC MASSAGE THERAPY</b>		
	80% After Deductible	50% After Deductible
Combined Calendar Year Maximum Benefit	15 Visits	15 Visits
<b>EMERGENCY ROOM</b>		
\$100 Co-Pay then:	Subject to Deductible, 80%	Subject to Deductible, 50%
<b>HOSPITAL EXPENSES</b>		
(Facility Charges)		
Inpatient	80% after Deductible	50% after Deductible
Room & Board Allowance	Semi-private room rate	Semi-private room rate
	(Private room when medically necessary)	(Private room when medically necessary)
Intensive Care Unit	80% of actual charge after Deductible	50% of actual charge after Deductible
Miscellaneous Services & Supplies	80% after Deductible	50% after Deductible
<b>MENTAL &amp; NERVOUS DISORDERS/CHEMICAL DEPENDENCY</b>		
30 Day Maximum		
Calendar Maximum Outpatient Visits Limit—20 Paid	80/20	60/40
<b>DENTAL</b>		
Yearly Maximum \$1,200		
\$100 Deductible Class 2	80/20 of UCR	
Class 3 Services paid at	50% after deductible	
Orthodontics paid at	50% lifetime maximum \$1500	